

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street) ▼

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☒ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2015

through

M M M / D D D / Y Y Y Y Y Y
09 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Michael Wylie

Signature of Treasurer

Mr. Michael Wylie

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 16 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		213354.30
(b) Cash on Hand at Beginning of Reporting Period.....	210803.71	
(c) Total Receipts (from Line 19)	30948.73	478109.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	241752.44	691463.56
7. Total Disbursements (from Line 31)	98985.88	548697.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	142766.56	142766.56
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2015

To:

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

29102.60

444607.83

(ii) Unitemized

1846.13

18328.43

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

30948.73

462936.26

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

10000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

30948.73

472936.26

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

5173.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

30948.73

478109.26

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

30948.73

478109.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	985.88	11197.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	985.88	11197.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	98000.00	523000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	8500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	8500.00
29. Other Disbursements	0.00	6000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	98985.88	548697.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	98985.88	548697.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	30948.73	472936.26
34. Total Contribution Refunds (from Line 28(d))	0.00	8500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30948.73	464436.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	985.88	11197.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	985.88	11197.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carol Ann Andrews

Mailing Address 22 Lost Lake Lane

City

Bellingham

State

WA

Zip Code

98229

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Place Care Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	30	/	2015

Transaction ID : C3108561

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sylvia Balistreri

Mailing Address 215 N Power Rd Unit 132

City

Mesa

State

AZ

Zip Code

85205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arizona Health Care Association

Occupation

Director, Quality & Regulatory Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	04	/	2015

Transaction ID : C3086934

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Heath Boddy

Mailing Address 2201 N 98th Street

City

Lincoln

State

NE

Zip Code

68505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Health Care Association

Occupation

State Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

787.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	17	/	2015

Transaction ID : C3095009

Amount of Each Receipt this Period

87.50

SUBTOTAL of Receipts This Page (optional)..... ►

587.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Al Breaux Jr.

Mailing Address 405 Allen Street

City State Zip Code
 New Iberia LA 70563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nexion Health

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : C3114253

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jerome Carmy

Mailing Address 927 Elgin Court

City State Zip Code
 Fort Collins CO 80524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Juniper Communities

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : C3105802

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Shannon Cayea

Mailing Address 149 Park Drive

City State Zip Code
 Oneonta NY 13820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Susquehanna Nursing & Rehab Center

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : C3090215

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Beth Coplin

Mailing Address 106 Shawnee Cir.

City

West Monroe

State

LA

Zip Code

71291

FEC ID number of contributing
federal political committee.

C

Name of Employer

Landmark Nursing & Rehab Center

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : C3099275

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mary Tess Crotty

Mailing Address 6 Munroe Drive

City

Rockport

State

MA

Zip Code

01966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis Health Care

Occupation

VP, Quality

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2015

Transaction ID : C3099170

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Randall Cyphers

Mailing Address 14591 SE Hemmen Ave

City

Clackamas

State

OR

Zip Code

97015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brookdale

Occupation

Regional VP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : C3108225

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

775.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robin Dale

Mailing Address 4805 N. 18th Street

City

Tacoma

State

WA

Zip Code

98406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Health Care Assn.

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : C3090214

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robin Dale

Mailing Address 4805 N. 18th Street

City

Tacoma

State

WA

Zip Code

98406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Health Care Assn.

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : C3108190

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jonathan P Dolan

Mailing Address 4033 Catalina Drive

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Association of New Jersey

Occupation

Trade Association Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2015

Transaction ID : C3085102

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mitchell S. Elliott

Mailing Address 20220 Harney Street

City

Elkhorn

State

NE

Zip Code

68022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vetter Health Services, Inc.

Occupation

Chief Development Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 14 / 2015

Transaction ID : C3092402

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joanne E Erickson

Mailing Address 911 S Randolph St

City

Arlington

State

VA

Zip Code

22204-1564

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

739.12

Date of Receipt

09 / 28 / 2015

Transaction ID : C3114255

Amount of Each Receipt this Period

86.96

* Payroll Deduction: \$43.48 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Carol Ernst

Mailing Address 9601 Leighton Ave

City

Lincoln

State

NE

Zip Code

68507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastmont Towers

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2015

Transaction ID : C3104001

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1336.96

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Teresa Eyet

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Transaction ID : C3114256

Amount of Each Receipt this Period

101.74

* Payroll Deduction: \$50.87 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Don Gornly

Mailing Address 16992 Marinabay Dr

City

Huntington Beach

State

CA

Zip Code

92649-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meritage Healthcare, LLC

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	5

Transaction ID : C3085458

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Ronald Goux

Mailing Address 2045 Highway 59

PO Box 1429

City

Mandeville

State

LA

Zip Code

70448-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gulf South Medical Enterprises

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	5

Transaction ID : C3092122

Amount of Each Receipt this Period

833.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5934.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. William J. Griffith

Mailing Address 1825 7th Street, NW
#901

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Manager, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.67

Date of Receipt

09 / 28 / 2015

Transaction ID : C3114257

Amount of Each Receipt this Period

43.48

* Payroll Deduction: \$21.74 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Jennifer S Hahs

Mailing Address 12423 Flint Street

City State Zip Code
Overland Park KS 66213

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.19

Date of Receipt

09 / 28 / 2015

Transaction ID : C3114258

Amount of Each Receipt this Period

90.90

* Payroll Deduction: \$45.45 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. J. Carole Jones

Mailing Address 5601 Seminary Road, Apt. 2505N

City State Zip Code
Falls Church VA 22041

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Executive Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 18 / 2015

Transaction ID : C3099273

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

234.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. David A Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHCA/NCAL

Occupation

VP, Insurance and Member Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1847.80

Date of Receipt

09 / 28 / 2015

Transaction ID : C3114260

Amount of Each Receipt this Period

217.40

* Payroll Deduction: \$108.70 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Meg LaPorte

Mailing Address 7708 Meadow Lane

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHCA/NCAL

Occupation

Senior Policy Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1266.74

Date of Receipt

09 / 28 / 2015

Transaction ID : C3114261

Amount of Each Receipt this Period

156.52

* Payroll Deduction: \$78.26 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Randy Lee

Mailing Address 176 Laurelhurst Ave

City

Columbia

State

SC

Zip Code

29210-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Carolina Health Care Assn

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 18 / 2015

Transaction ID : C3099274

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1373.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeff Mukamal

Mailing Address 1641 Stannard Trail

City State Zip Code
 Raleigh NC 27612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Management and Development

Occupation

VP of Healthcare Consulting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2015

Transaction ID : C3103780

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marcus Naquin

Mailing Address 1702 South Elm Street

City State Zip Code
 Hammond LA 70403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hammond Nursing Home

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 06 / 2015

Transaction ID : C3087702

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Christopher Parks

Mailing Address 1730 Truro Rd

City State Zip Code
 Crofton MD 21114-2520

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director of IT and Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.83

Date of Receipt

09 / 28 / 2015

Transaction ID : C3114262

Amount of Each Receipt this Period

50.00

* Payroll Deduction: \$25.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. William J. Pascocello

Mailing Address 49 Top of the Rdg

City

Mamaroneck

State

NY

Zip Code

10543-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Nursing Home Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : C3101530

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dale PattersonMailing Address 4601 NE 77th Ave
Suite 300

City

Vancouver

State

WA

Zip Code

98662

FEC ID number of contributing
federal political committee.

C

Name of Employer

EmpRes Healthcare Management, LLC

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : C3108183

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Clifton Porter

Mailing Address 3929 Azalea Court

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

SVP Government Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : C3114263

Amount of Each Receipt this Period

384.62

* Payroll Deduction: \$192.31 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

6384.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary Porter

Mailing Address PO Box 128

City State Zip Code
Ardmore OK 73402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Health Care, LLC

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3332.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : C3095918

Amount of Each Receipt this Period

1666.00

Full Name (Last, First, Middle Initial)

B. Martin Porter

Mailing Address PO Box 128

City State Zip Code
Ardmore OK 73402-0128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Health Care, LLC

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3332.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : C3095919

Amount of Each Receipt this Period

1666.00

Full Name (Last, First, Middle Initial)

C. Denise T. Pozderac

Mailing Address 6750 Grafton Rd

City State Zip Code
Valley City OH 44280-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Transitional Living Centers

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : C3102869

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3832.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mindy Provence

Mailing Address 5420 Plano Parkway

City State Zip Code
 Plano TX 75093

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Gables Health Care Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : C3099291

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sally Rapp

Mailing Address 3308 Ocean Blvd

City State Zip Code
 Corona del Mar CA 92625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sr Administrative Services Inc

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : C3099309

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Karen Root

Mailing Address 394 West 400 North

City State Zip Code
 Orem UT 84057-4663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mesa Vista

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015

Transaction ID : C3090217

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Veronica Sharpe

Mailing Address 102 Oakford Avenue

City State Zip Code
 Edgewater MD 21037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Verandas Management Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

09 / 22 / 2015

Transaction ID : C3103079

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

B. Jennifer S Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
 Fairfax VA 22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.45

Date of Receipt

09 / 28 / 2015

Transaction ID : C3114267

Amount of Each Receipt this Period

100.00

* Payroll Deduction: \$50.00 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Martin Stott

Mailing Address 15035 Memorial Tower Dr

City State Zip Code
 Baton Rouge LA 70810-8398

FEC ID number of contributing
federal political committee.

C

Name of Employer

Diversified Health Care

Occupation

Owner/Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

09 / 14 / 2015

Transaction ID : C3093573

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph Drew Thies

Mailing Address 1101 L Street NW
Apt. 504

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHCA

Occupation

Manager, Political and Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : C3114268

Amount of Each Receipt this Period

43.48

* Payroll Deduction: \$21.74 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Paula Warren

Mailing Address 3301 Alabama Avenue

City State Zip Code
Alexandria VA 22305

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : C3105376

Amount of Each Receipt this Period

775.00

Full Name (Last, First, Middle Initial)

C. Brett Waters

Mailing Address 2416 Mesa Street

City State Zip Code
Idaho Falls ID 83401

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Beginnings Community Living Home

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2015

Transaction ID : C3105803

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1068.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lisa Zeis

Mailing Address 16695 32nd Avenue N

City State Zip Code
Plymouth MN 55447

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Tealwood Senior Living VP Operational Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 01 2015

Transaction ID : C3084939

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

29102.60

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

Category/
Type

M M / D D / Y Y Y Y
09 14 2015

Category/
Type

State: District:

MM / DD / YYYY

Category/
Type

State: District:

Response	Percentage
Yes	42.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 36

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City State Zip Code
Phoenix AZ 85072-3773
Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 18 2015
Transaction ID : D168637

Amount of Each Disbursement this Period

1.28

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City State Zip Code
Phoenix AZ 85072-3773
Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 21 2015
Transaction ID : D168638

Amount of Each Disbursement this Period

106.62

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City State Zip Code
Phoenix AZ 85072-3773
Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 23 2015
Transaction ID : D168639

Amount of Each Disbursement this Period

17.60

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.50

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

49.60

MM / DD / YYYY

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

386.03

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

309.31

744.94



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

A. BB&T

Date of Disbursement

Mailing Address 1099 New York Ave NW
Ste 100

Three credit cards are shown side-by-side. The first card displays the number 09, the second displays 21, and the third displays 2015. Above each number are small, stylized letters: M M for 09, D D for 21, and Y Y Y Y for 2015.

City	State	Zip Code
Washington	DC	20001-4452

Transaction ID : D168632

Purpose of Disbursement	Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

72.78

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....

Age Group	Percentage
18-24	72.78
25-34	~15
35-44	~10
45-54	~10
55-64	~10
65-74	~10
75-84	~10
85+	~10

TOTAL This Period (last page this line number only).....

985.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City	State	Zip Code
SPRINGFIELD	VA	22152

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

Transaction ID : D168166

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PATRICK MURPHY

Mailing Address 4521 PGA BLVD. #412

City	State	Zip Code
Palm Beach Gardens	FL	33418

Purpose of Disbursement
Contribution

Candidate Name

Rep. Patrick Murphy

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2015

Transaction ID : D168298

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Jason Smith for Congress

Mailing Address PO Box 1324

City	State	Zip Code
Cape Girardeau	MO	63702-1324

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jason Smith

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MO District: 08

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : D168212

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. KEYSTONE AMERICA PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Mailing Address 700 13TH STREET
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : D168294**

Amount of Each Disbursement this Period

3000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. LOIS FRANKEL FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Mailing Address P.O. BOX 812421

City Boca Raton State FL Zip Code 33481

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lois FrankelCategory/
Type**Transaction ID : D168157**

Amount of Each Disbursement this Period

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016 ☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Full Name (Last, First, Middle Initial)

C. Making America Prosperous PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : D168160**

Amount of Each Disbursement this Period

4000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Missourians for Accountability & Change

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : D168368**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. New Pioneers PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Mailing Address 228 S WASHINGTON ST STE 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : D168164**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR BEN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Mailing Address PO BOX 31129

City SANTA FE State NM Zip Code 87594

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ben Ray LujanCategory/
Type**Transaction ID : D168411**

Amount of Each Disbursement this Period

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 03

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRAD ASHFORD FOR CONGRESS

Mailing Address PO BOX 24023

City	State	Zip Code
OMAHA	NE	68124

Purpose of Disbursement
Contribution

Candidate Name

Rep. Brad Ashford

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : D168362

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BLUMENAUER FOR CONGRESS

Mailing Address 232 NE 9TH ST

City	State	Zip Code
PORTLAND	OR	97232

Purpose of Disbursement
Contribution

Candidate Name

Rep. EARL BLUMENAUER

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : D168162

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : D168063

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. GEORGE HOLDING FOR CONGRESS INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Mailing Address PO BOX 97187

City	State	Zip Code
RALEIGH	NC	27624

Transaction ID : D168412Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. George HoldingCategory/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 13

Full Name (Last, First, Middle Initial)

B. FRIENDS OF GLENN THOMPSON

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Mailing Address 133 Water Tower Lane

City	State	Zip Code
Spring Mills	PA	16875

Transaction ID : D168363Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Glenn ThompsonCategory/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 05

Full Name (Last, First, Middle Initial)

C. WALDEN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Mailing Address PO Box 1091

City	State	Zip Code
Hood River	OR	97031

Transaction ID : D168165Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Greg P. WaldenCategory/
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District: 02

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City	State	Zip Code
Vernon	CT	06066

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joe CourtneyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ☐ Convention

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : D168367

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LARSON FOR CONGRESS

Mailing Address PO Box 261172

City	State	Zip Code
Hartford	CT	06126

Purpose of Disbursement
Contribution

Candidate Name

Rep. John B. LarsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ☐ Convention

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : D168361

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CROWLEY FOR CONGRESS

Mailing Address 84-56 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joseph CrowleyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ☐ Convention

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : D168369

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. CASTOR FOR CONGRESS

Mailing Address 301 W. Platt Street #385

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kathy CastorOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : D168297

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael C. BurgessOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : D168161

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MORGAN GRIFFITH FOR CONGRESS

Mailing Address PO BOX 361

City	State	Zip Code
CHRISTIANSBURG	VA	24068

Purpose of Disbursement
Contribution

Candidate Name

Rep. H MORGAN GRIFFITHOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : D168296

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PETE AGUILAR FOR CONGRESS

Mailing Address PO BOX 10954

City	State	Zip Code
SAN BERNARDINO	CA	92423

Purpose of Disbursement
Contribution

Candidate Name

Rep. Pete AguilarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : D168158

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City	State	Zip Code
RALEIGH	NC	27624

Purpose of Disbursement
Contribution

Candidate Name

Rep. Renee J. EllmersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : D168159

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DOLD FOR CONGRESS

Mailing Address PO BOX 8145

City	State	Zip Code
NORTHFIELD	IL	60093

Purpose of Disbursement
Contribution

Candidate Name

Rep. ROBERT JAMES DOLD JROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : D168295

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. GALLEGO FOR ARIZONA

Mailing Address PO BOX 1710

City	State	Zip Code
PHOENIX	AZ	85001

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ruben GallegoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : D168167

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. TIM WALZ FOR US CONGRESS

Mailing Address PO BOX 938

City	State	Zip Code
MANKATO	MN	56002

Purpose of Disbursement
Contribution

Candidate Name

Rep. TIMOTHY J. WALZOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : D168360

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TOM REED FOR CONGRESS

Mailing Address PO Box 10847

City	State	Zip Code
Rochester	NY	14610

Purpose of Disbursement
Contribution

Candidate Name

Rep. THOMAS W REED IIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : D168299

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. Box 48928

City	State	Zip Code
Sarasota	FL	34230

Purpose of Disbursement
Contribution

Candidate Name

Rep. Vern BuchananOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : D168370

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RESPONSIBILITY AND FREEDOM WORK PAC (RFPAC)

Mailing Address PO BOX 80

City	State	Zip Code
Jackson	MS	39205

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : D168364

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PAT TOOMEYMailing Address 228 S. Washington Street
Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contribution

Candidate Name

Sen. Patrick J. ToomeyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : D168062

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City	State	Zip Code
SEATTLE	WA	98124

Purpose of Disbursement
Contribution

Candidate Name

Sen. Patty MurrayOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : D168163

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. THE RICHARD BURR COMMITTEE

Mailing Address POST OFFICE BOX 5928

City	State	Zip Code
WINSTON-SALEM	NC	27113

Purpose of Disbursement
Contribution

Candidate Name

Sen. Richard M. BurrOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : D168064

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. THE RICHARD BURR COMMITTEE

Mailing Address POST OFFICE BOX 5928

City	State	Zip Code
WINSTON-SALEM	NC	27113

Purpose of Disbursement
Contribution

Candidate Name

Sen. Richard M. BurrOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : D168365

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. THE RICHARD BURR COMMITTEE

Mailing Address POST OFFICE BOX 5928

City	State	Zip Code
WINSTON-SALEM	NC	27113

Purpose of Disbursement
Contribution

Candidate Name

Sen. Richard M. Burr

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : D168366

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

98000.00
